

FDP-9 Report Of Missing or Stolen
TEXAS A&M UNIVERSITY PROPERTY MANAGEMENT
 Mail Stop 6000 - Property@tamu.edu
 (Revised 11/09)

TAMU TAMUG TAMUS TAMHSC TDEM TAMSSC

Department/Sub Department Code: _____ Date: _____

Asset #: _____ Serial #: _____

Asset Description: _____

Acquisition Cost: \$ _____ Acquisition Date: _____

Date of Discovery: _____

Names(s) of last person(s) in custody of asset: _____

Choose Circumstances Regarding Property: Missing / Stolen

Please explain: _____

If Stolen: *Original police incident report must be attached.*

If Missing: The following investigative steps must be completed:

Note Date Completed

- Physical search of last known location and surrounding area. _____
- Question last person(s) in custody of asset. _____
- Follow up on any leads. If informed that asset was transferred to another department, then contact department and attempt to confirm transfer. _____
- Department Head/Director contacts departmental employees to solicit aid in searching for asset and takes corrective actions to more fully secure assets. (*Attach documentation.*) _____

Signature: To be Completed by Department Head/Director:

Please check one box. If applicable, indicate "unable to determine" here:

Our investigation of the circumstances surrounding the disappearance of the state property listed herein indicates reasonable cause to believe that the loss, destruction, or damage to this property was through negligence of the person(s) charged with the care and custody of this property and is, therefore, being reported as required by Tex. Gov't Code Ann. sec. 403.276(a) and (b).

Our investigation of the circumstances surrounding the disappearance of the state property listed herein indicates that the person(s) charged with the care and custody of this property was (were) **not** negligent to the extent indicated in Tex. Gov't Code Ann. sec. 403.276(a) and (b).

_____ **Date**

_____ **Department Head/Director Signature**

If Recovered: Complete this section and forward to TAMU Property Management MS6000.

Location: Bldg.#: _____ Room: _____ Group: _____

_____ **Date**

X _____ **Department Head/Director Signature**